



## WELL COMPLETION OR RECOMPLETION REPORT - FORM 6

INDUSTRIAL COMMISSION OF NORTH DAKOTA  
OIL AND GAS DIVISION  
600 EAST BOULEVARD DEPT 405  
BISMARCK, ND 58505-0840  
SFN 2468 (02-2004)

Well File No.

PLEASE READ INSTRUCTIONS BEFORE FILLING OUT FORM.

PLEASE SUBMIT THE ORIGINAL AND ONE COPY.

Designate Type of Completion					
Oil Well	EOR Well	Recompletion	Deepened Well	Added Horizontal Leg	Extended Horizontal Leg
Gas Well	SWD Well	Water Supply Well	Other:		
Well Name and Number			Spacing Unit Description		
Operator		Telephone Number		Field	
Address			Pool		
City	State	Zip Code	Permit Type	Development Extension	
			Wildcat		

### LOCATION OF WELL

At Surface	Qtr-Qtr	Section	Township	Range	County
F L F L			N	W	
Spud Date	Date TD Reached	Drilling Contractor and Rig Number	KB Elevation (Ft)	Number of DSTs Run (See Back)	
Type of Electric and Other Logs Run (See Instructions)			Was Well Cored?	No Yes	Directional Survey Run?
			List Intervals:	No Yes	

### CASING RECORD (Report all strings set in well)

Casing Size (Inches)	Measured Depth Set (Feet)	Hole Size (Inches)	Weight (Lbs/Ft)	Sacks Cement	Top of Cement

### LINER RECORD

### TUBING RECORD

Liner Size (Inches)	Hole Size (Inches)	Top (MD) (Feet)	Bottom (MD) (Feet)	Sacks Cement	Size (Inches)	Depth Set (MD,Ft)	Anchor Set (MD,Ft)	Packer Set (MD,Ft)

### PERFORATION & LATERAL RECORD

Well Bore	OH or Perforated Interval (MD,Ft)	Kick-off Point (MD,Ft)	Top of Casing Window (MD,Ft)	Total Depth (MD,Ft)	Acid, Frac, Sqz, Etc.	Amount and Kind of Material Used

### PRODUCTION

Current Producing OH or Perforated Interval(s), This Completion, Top and Bottom, (MD)						Name of Zone (If Different from Pool Name)		
Date of First Production Through Permanent Wellhead		Producing Method (Flowing, Gas Lift, Pumping - Size & Type of Pump)				Well Status (Producing or Shut-In)		
Date of Test	Hours Tested	Choke Size	Production for Test	Oil (Bbls)	Gas (MCF)	Water (Bbls)	Oil Gravity - API (Corr.)	
Flowing Tubing Pressure (PSI)		Casing Pressure (PSI)	Calculated 24-Hour Rate	Oil (Bbls)	Gas (MCF)	Water (Bbls)	Gas-Oil Ratio	
Test Witnessed By		Oil Purchaser		Oil Transporter			Disposition of Gas	

**GEOLOGICAL MARKERS**

Formation	MD (Feet)	TVD (Feet)

**PLUG BACK INFORMATION**

Type of Plug	Well Bore	Interval/Depth (Ft)	Sacks Cement

**DRILL STEM TEST DATA, ADDITIONAL INFORMATION, AND/OR LIST OF ATTACHMENTS**

I hereby swear or affirm that the information provided is true, complete and correct as determined from all available records.			Date
Signature	Printed Name	Title	

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1. This report shall be filed by the operator with the Commission immediately after the completion of a well in an unspaced pool or reservoir. Please refer to Section 43-02-03-31 of the North Dakota Administrative Code (NDAC).
2. This report shall be filed by the operator with the Commission within thirty (30) days after the completion of a well, or recompletion of a well in a different pool. Please refer to Section 43-02-03-31 NDAC.
3. The well file number, operator, well name and number, field, pool, permit type, well location(s), and any other pertinent data shall coincide with the official records on file with the Commission. If it does not, an explanation shall be given.
4. If a parasite string was used in the drilling of a well, the size, depth set, cement volume used to plug, and the date plugged shall be included. This information may be included in the "Additional Information" portion of the report or included as an attachment.
5. In the "Perforation & Lateral Record" table, each borehole should be identified in the "Well Bore" column (vertical, sidetrack 1, lateral 1, etc.). On horizontal or directional wells, the following information shall be entered in the table if applicable: pilot hole total depth, kick-off point, casing windows, original lateral total depth, and all sidetracked interval starting and ending footages.
6. In the "Production" section, list all the current producing open hole or perforated intervals associated with the production rates reported. Oil, gas, and water rates and recoveries from perforations or laterals tested but not included in the completion should be included in the "Additional Information" portion of the report or included as an attachment.
7. For EOR wells or SWD wells, please report the date the well is completed (ready for injection) in the "Date of First Production Through Permanent Wellhead" portion of the report. Also, please report the packer type and depth and the tubing size, depth, and type. The packer and tubing type may be included in the "Additional Information" portion of the report.
8. The top of the Dakota Formation shall be included in the "Geological Markers."
9. The operator shall file with the Commission two copies of all logs run. Logs shall be submitted as one paper copy and one digital LAS (log ASCII) formatted copy, or a format approved by the Director. In addition, operators shall file one copy of the following: drill stem test reports and charts, core analyses, formation water analyses and noninterpretive lithologic logs or sample descriptions if compiled.
10. A certified copy of any directional survey run shall be filed directly with the Commission by the survey contractor.
11. The original and one copy of this report shall be filed with the Industrial Commission of North Dakota, Oil and Gas Division, 600 East Boulevard, Dept. 405, Bismarck, ND 58505-0840.